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Propofol-related green urine

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Figure 1 | Green discoloration of the urine.

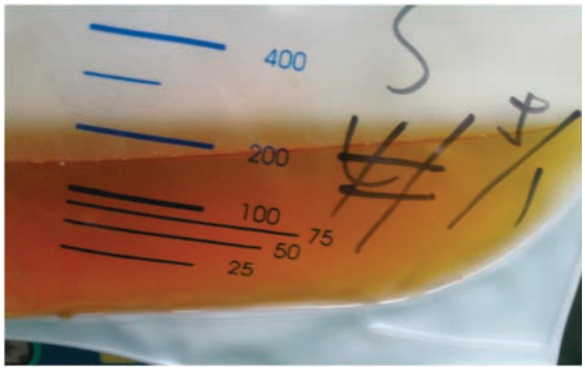

Figure 2 | Restoration of the original tea color of the urine.

A 52-year-old man with known history of liver cirrhosis, presented with massive esophageal variceal bleeding necessitating endotracheal intubation for airway protection. A 100-mg weight of intravenous propofol was used before intubation. One hour later, green discoloration of urine was noted (Figure 1). A review of his food and medication did not reveal any supplement or pharmacological agent that were known to cause discoloration of urine. Laboratory examination showed creatinine level of 2.8 mg per 100 ml and total bilirubin level of 3.5 mg per 100 ml. Urine analysis revealed a pH of 6.5, bilirubin 2+, urobilinogen 1 mg per 100 ml, and was negative for glucose, white blood cells, red blood cells, casts, and crystals. Bacterial cultures from blood and urine were negative. The urine became tea-colored (Figure 2) the next day and repeated urine analysis showed findings similar as those in the previous analysis.

Evaluation of the patient's medical history and drug profile allowed us to exclude possible etiologies of green urine, such as methylene blue, indigo, biliverdin, or infection. In addition, the temporal relationship between usage of propofol and the transient green discoloration of urine, and lack of other known causes suggest that propofol was the cause of the green coloration. A phenolic metabolite of propofol produced in the liver is excreted in the urine, turning it green. Prompt recognition of this phenomenon may limit unnecessary laboratory tests (and anxiety amongst caregivers).